FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT # H61009

(7)

TROPICAL RESEARCH AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

7001 SW 24TH AVE GAINESVILLE FL 32607 7001 SW 24TH AVENUE GAINESVILLE FL 32607

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

	-					3. Date Incorporated or Qualified	
						06/15/1985	
⊢ .	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26			,	59-2536518 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	⊢ ''''			5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution	
Zip	Country			ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29 30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
DICKINSON, SARAH B				81	Name		
	01 SW 24 A		82 Street Ac		Street Add	dress (P.O. Box Number is Not Acceptable)	
G/	NNESVILLE FL 32607		[]				
			l.	83			
l			-	84	City	85 Zip Code	
			1		•	-	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corneration submits this statement for the purpose of phosping its registared.							
i once or i	istered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
12.		RS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1,1 TIT(E		Change Addition	
NAME	DICKINSON, SARAH B.		1.2 NAM	Æ	ļ		
STREET ADDRESS	6124 SW 30TH AVE.		1.3 STR	EET A	VDDRESS		
CITY - ST - ZIP	GAINESVILLE FL		1.4 CIT	r-st-	- ZIP		
TITLE	VS	DELETE	2.1 TiTL	.E		Change Addition	
NAME	DICKINSON, JOSHUA C.		2.2 NAN	Æ			
STREET ADDRESS	6124 SW 30TH AVE.		2.3 STR	2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CIT	Y-ST	- ZIP		
TITLE	CFO	DELETE	3.1 TITL	E		Change Addition	
NAME	Petrella, Dawn G		3,2 NAM		1		
STREET ADDRESS			3.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		3,4. CIT	Y-ST	- ZIP		
TITLE		DELETE	4.1 TITL			Change Addition	
NAME			4. 2 NA	Æ			
STREET ADDRESS			4.3 STR	ET A	DORESS		
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITL			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STR		DDRESS !		
CITY-ST-ZIP			5.4 CITY				
TITLE		DELETE	6.1 TITL		41.	Change Addition	
NAME			6.2 NAM			- Straige - Adultor	
STREET ADDRESS				-	000000		
			6.3 STRE				
CITY-ST-ZIP			6.4 CITY	-ST-	ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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